

1.) CORPORATION NAME:

**SUPERVALU HOLDINGS, INC.**

DUE DATE: **2/28/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1172131**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MO**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7075 FLYING CLOUD DR

CITY/ST/ZIP: EDEN PRAIRIE, MN 55344-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	PETER J VAN HELDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7075 FLYING CLOUD DR		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55344-		
NAME:	TODD N SHELDON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11840 VALLEY VIEW RD.		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55344-		
NAME:	JOHN P BREEDLOVE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & SECRETARY		
ADDRESS:	11840 VALLEY VIEW RD		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55344-		
NAME:	SHERRY M SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VICE PRES		
ADDRESS:	7075 FLYING CLOUD DR		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55344-		
NAME:	BOBBY K RAJENDRAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7400 95TH ST		
CITY/ST/ZIP/CO:	PLEASANT PRAIRIE, WI 53158-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK P ANDERSON VICE PRESIDENT 7400 95TH ST PLEASANT PRAIRIE, WI 53158-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID M OLIVER VICE PRESIDENT 11840 VALLEY VIEW RD EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J ANDREW HERRING EXEC VICE PRES 7075 FLYING CLOUD DR EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRED W BOEHLER SR VICE PRES 19011 LAKE DR E CHANHASSEN, MN 55317-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN F BOYD GRP VP & TREAS 250 PARKCENTER BLVD BOISE, ID 83706-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOYLE J TROYER VICE PRESIDENT 250 PARKCENTER BLVD BOISE, ID 83706-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RACHEL V FRIEDENBERG ASST SECRETARY 11840 VALLEY VIEW RD EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBRA A NUNZIATO ASST SECRETARY 150 PIERCE RD STE 200 ITASCA, IL 60143-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DOYLE J TROYER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DOYLE J TROYER, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/26/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			